

PATENTS**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Applicant(s):** Stephen R. Lawrence**Examiner:** Ella Colbert**Serial No:** 09/684,947**Art Unit:** 3624**Filed:** October 6, 2000**Docket:** 11379A**For:** META SEARCH ENGINE**Dated:** March 4, 2003

Assistant Commissioner for Patents
United States Patent and Trademark Office
Washington, D.C. 20231

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3/7/03

AMENDMENT PURSUANT TO 37 C.F.R. §1.111

Sir:

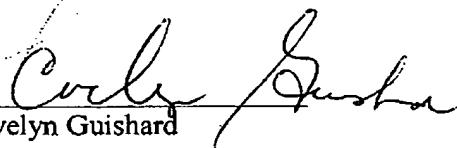
In response to the Official Action dated December 4, 2002, the Applicant respectfully requests the Examiner to amend the above-identified application as follows and solicits the Examiner to reconsider the application in view of the amendment and the following remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: March 4, 2003

Evelyn Guishard



AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 11379A	
Applicant(s): STEPHEN R. LAWRENCE					
Serial No. 09/684,947	Filing Date October 6, 2000	Examiner Ella Colbert		Group Art Unit 3624	
Invention: META SEARCH ENGINE					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	1 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013 SSMP A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
 <i>Signature</i> Paul J. Esatto, Jr. Registration No. 30,749 Scully, Scott, Murphy & Presser 400 Garden City Plaza New York, NY 11530					
Dated: March 4, 2003					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. </div>					
<i>Signature of Person Mailing Correspondence</i>					
<i>Typed or Printed Name of Person Mailing Correspondence</i>					